

## HOSPITAL, MEDICAL, DENTAL, AND INDEMNITY CORPORATIONS

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF: MICHIGAN** **Filings Made During the Year 2007**

(1) Check- list	(2) Line #	(3)  REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5)  DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"X14")	1	1	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E25) @	1	1	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	1	1	xxx	4/1	NAIC	A-K, M
	11	Statement of Actuarial Opinion	1	1	xxx	3/1	Company	A-K, Q
	12	Investment Risk Interrogatories	1	1	xxx	4/1	NAIC	A-K, M
	13	Life Supplemental Data Due March 1	1	1	xxx	3/1	NAIC	A-K, M
	14	Life Supplemental Data Due April 1	1	1	xxx	4/1	NAIC	A-K, M
	15	Long-term Care Experience Reporting Forms	xxx	1	xxx	4/1	NAIC	A-K, M
	16	Management Discussion & Analysis	1	1	xxx	4/1	Company	A-K, P
	17	Medicare Supplement Insurance Experience Exhibit	xxx	1	xxx	3/1	NAIC	A-K, M
	18	Medicare Part D Coverage Supplement	1	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	19	Risk-Based Capital Report	1	1	N/A	3/1	NAIC	A-K
	20	Property/Casualty Supplement Due March 1	1	1	xxx	3/1	NAIC	A-K, M
	21	Property/Casualty Supplement Due April 1	1	1	xxx	4/1	NAIC	A-K, M
	22	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	23	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	33	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	34	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	35	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	36	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	37	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K
	52	Audited Financial Statements	1	1	xxx	6/1	Company	A-K, V or W
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
	54	Independent CPA	1	N/A	N/A	6/1	Company	A-K, R
	55	Notification of Adverse Financial Condition	1	N/A	N/A	SEE NOTE	Company	A-K, S
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	A-K, T
	57	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Filings Checklist (with Column 1 completed)		1			State	
	102	State Filing Fees		0		SEE NOTE	State	C
	103	Signed Jurat	0	0	0	SEE NOTE	State	L
	104	Summary of Subsidiary Corporations	1	xxx	1	3/1	State- FIS 0084	A-K, U
	105	Complaint and Grievance Summary for Health Carriers	1	xxx	1	4/15	State- FIS 0318	A-K, U
	106	Working Capital Calculation	1	xxx	1	3/1, 5/15, 8/15, 11/15	State- FIS 0321	A-K, U
	107	Michigan Health Insurance Enrollment, Premiums and Losses	1	xxx	1	3/1	State- FIS 0322	A-K, U

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

@If schedule is included in the annual statement submitted as item #1, an additional copy is not required.